

# Interfaith Peace-Builders (IFPB)

\_\_\_\_\_ (delegation dates)

## Palestine/Israel Delegation -- Application

**Please attach & send to:**  
[office@ifpb.org](mailto:office@ifpb.org)

or mail to:  
Interfaith Peace-Builders  
1628 16<sup>th</sup> St NW  
Washington, DC 20009  
Phone: 202.244.0821

### CONTACT INFO

(Please type or print clearly and use additional pages if necessary)

Name: \_\_\_\_\_  
Full Name (EXACTLY AS ON YOUR PASSPORT)

Name you prefer to go by: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or PO Box Telephone (home)  
City, State, Zip Telephone (work)  
Fax Telephone (cell)

Email: \_\_\_\_\_ Email2: \_\_\_\_\_

Website Address: \_\_\_\_\_

Blog Address: \_\_\_\_\_

Twitter: \_\_\_\_\_ Skype: \_\_\_\_\_

### OTHER INFORMATION

Date of Birth: \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**\*\*NOTE: Your passport must be valid for at least six months after arrival date in Israel/Palestine\*\***

List all Country Stamps in Passport:

\_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation(s) \_\_\_\_\_ Ethnic Group(s) \_\_\_\_\_  
(optional) (optional)

Religious Tradition/Denomination (if applicable) \_\_\_\_\_  
(optional)

**Please complete the following section that most applies to you**

**STUDENTS:**

School \_\_\_\_\_ Expected Grad. Date: \_\_\_\_\_ Major: \_\_\_\_\_

**PROFESSIONALS, HOMEMAKERS, VOLUNTEERS:**

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

**RETIREEES:**

Former career(s): \_\_\_\_\_

**BACKGROUND**

**Previous involvement, if any, with IFPB**

\_\_\_\_\_

**How did you learn about the IFPB Delegation?**

\_\_\_\_\_

**Previous involvement on issues of peace/human rights or Middle East**

\_\_\_\_\_

**Personal Experience/Training you feel is relevant to this delegation**

\_\_\_\_\_

**INTERNATIONAL EXPERIENCE**

Have you lived or traveled abroad? Where?

\_\_\_\_\_

Have you visited Israel/Palestine? Where? When?

\_\_\_\_\_

Have you ever been denied entry to Israel before? Please provide the date and specifics.

\_\_\_\_\_

**LOGISTICS**

Would you like a single room on the delegation (there is an extra charge, usually around \$500 for a single)? \_\_\_\_\_

Please check below if you have a food preference for meals on the international flight and at the hotel.

\_\_\_\_ Vegetarian meals

\_\_\_\_ Kosher meals

\_\_\_\_ Hallal meals

## LANGUAGES

Arabic \_\_\_\_\_ Hebrew \_\_\_\_\_ Other \_\_\_\_\_  
(Please indicate: (A) excellent (B) good (C) fair (D) poor)

## AREAS OF INTEREST

*Although we cannot promise to accommodate specific requests, we will try to cater the trip to participant interests.*

Topics you would like to investigate

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People/ Organizations you would like to meet with

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Why do you want to go to Israel/Palestine? (Continue on additional page if necessary).

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## COMMITMENTS

**We ask delegates to make a few basic commitments during the trip and upon return. Please indicate your general agreement to the commitments by signing your name or briefly explaining any reservations you have.**

*On the Trip:*

1. To work as a team member and abide by the decisions of the group and the leaders.
2. To attend and be punctual at all meetings of the delegation unless extenuating circumstances prevent you.
3. To consult with the team leaders about meetings with friends or additional contacts to make sure that they do not create scheduling conflicts.
4. To act in the spirit of nonviolent engagement throughout the trip.

*On Return:*

1. To work to change U.S. public opinion and affect U.S. policy.
2. To help recruit members for future delegations.
3. To help to promote and support the work of Interfaith Peace-Builders upon your return.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please briefly explain how you will work to achieve the goals mentioned above:

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Are you affiliated with an organization/group that would be able to set up speaking engagements for you upon your return? If so, what is the name of the organization or group?

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Would you be willing for former IFPB delegates in your area to assist you in setting up speaking opportunities for when you return?

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Is there anything else we should know about you?

## **ADDITIONAL INFORMATION ON COSTS FOR DELEGATION**

### ***Check below if:***

\_\_\_ You'd like to learn more about how you can contribute extra money with your delegation fees that make this opportunity available to others.

*IFPB supplements the cost of EVERY delegate's experience by approximately \$800. These funds come from generous individual donors who make IFPB's work before, during and after each delegation possible. If you would like to do so, you can pay part or all of the real cost of the delegation by donating up to \$800 above your delegation payments.*

\_\_\_ You'd like to learn more about scholarship opportunities for yourself.

*In granting scholarship money, IFPB prioritizes those who would not otherwise be able to join. We also make scholarship money available to people who diversify our delegations and broaden education and advocacy work in the US. We strive to organize delegations diverse in age, gender, sexual orientation, class, ethnic identity, religious belief, and racial background.*

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# Medical Information Form

My name is \_\_\_\_\_ Age \_\_\_\_\_

My blood type (if known) is \_\_\_\_\_ I am allergic to medication \_\_\_\_\_

My Doctor in the US: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street and number) (City, State, Zip)

## Primary Health Insurance Provider

\_\_\_\_\_  
Name  
\_\_\_\_\_  
ID # Telephone #

## Secondary Provider

\_\_\_\_\_  
Name  
\_\_\_\_\_  
ID # Telephone #

Have you ever been hospitalized for medical or psychological reasons? \_\_\_\_\_

\_\_\_\_\_  
(Please list dates and reasons for each hospitalization)

Are you currently under medical or psychiatric treatment? \_\_\_\_\_  
(Please describe briefly)

Do you have any medical, physical, or psychological conditions that might impede your participation in a physically tiring and psychologically stressful delegation? If so, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_ Dietary restrictions \_\_\_\_\_ Special needs \_\_\_\_\_

## ***In the event of a medical or other emergency please contact:***

\_\_\_\_\_  
(name) (relationship to you)

\_\_\_\_\_  
(address) (City, State, Zip)

work phone: \_\_\_\_\_ home phone: \_\_\_\_\_  
cell phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Signed (applicant)** \_\_\_\_\_ **Date** \_\_\_\_\_

***Interfaith Peace-Builders  
Israel/Palestine Delegation  
Waiver of Liability and Assumption of Risk***

I, \_\_\_\_\_, have voluntarily joined the Interfaith Peace-Builders Delegation to Israel/Palestine. I understand that I will be traveling to a region which is in the midst of active conflict. I am aware that this delegation will enter areas where there is heightened tension and may have active armed conflict where no government nor Interfaith Peace-Builders can guarantee my security. I am aware that the political circumstances during the time I will be in Israel/Palestine may adversely affect transportation, medical care, and housing as well as the quality of food and water.

I understand that I may be offered hospitality in areas of Palestine which are currently under armed attack and may be without electricity or running water. I am aware that many Israelis and Palestinians smoke and there is little likelihood of a smoke-free living or working environment.

I understand that access to health care is usually good, but under some circumstances access to health care, including emergency medical care, may be difficult or impossible.

I am aware that political tensions remain very high and that violence is continuing. I am also aware that the situation of the communities and homes which I may visit could change drastically without warning.

I am aware that traveling and working in Israel/Palestine involve serious risks. I completely accept and assume personal responsibility for any and all risks of damage and personal injury which may occur during or resulting from my participation in this Interfaith Peace-Builders Delegation, including, but not limited to, those risks described above.

I understand that the delegation, including participation in the olive harvest activities, can be physically and psychologically difficult and stressful. I have disclosed to Interfaith Peace-Builders any physical or psychological conditions that may affect my participation in the delegation. I understand that the delegation leaders and/or IFPB staff, both at orientation and on the trip, have the right to make the determination that I am not physically or psychologically able to participate in the delegation. If my participation is discontinued for these reasons, my delegation fees, minus the deposit and all expenses incurred by Interfaith Peace-Builders, will be refunded.

I understand that if I act in ways that are severely disruptive to the delegation or pose danger to the delegation, the leaders of the Delegation and/or IFPB staff have the right to discontinue my participation in the delegation. If my participation is discontinued for these reasons, my delegation expenses will not be refunded.

I also hereby release, discharge and agree to hold harmless Interfaith Peace-Builders, their members, staff, directors, officers, employees, agents, supporting denominations and successors from any and all

liability, claims, demands, rights or causes of action, brought on my own behalf or by or for any other person, or by my heirs, executors, or assigns, for personal illness, injuries or death, or any damage to or loss of personal property which may occur en route to, during, from or as a result of my participation in the Interfaith Peace-Builders Delegation to Israel/Palestine.

In signing this document I expressly release, discharge, and hold harmless IFPB and the persons described above to the maximum extent permitted by law in any state, territory, district or country.

I have read the foregoing and sign it voluntarily. I am of sound mind and act of my own free will and without coercion or duress in signing this Waiver of Liability and Assumption of Risk.

I am at least eighteen (18) years of age. I have read and understood all of the above statements.

\_\_\_\_\_  
(Signature of Applicant) Applicant Name Printed (Date)

\_\_\_\_\_  
Attesting Witness #1 (signature) Witness Name Printed (Date)

\_\_\_\_\_  
Attesting Witness #2 (signature) Witness Name Printed (Date)

***Applications are accepted on a rolling basis.  
Apply early as space is limited.***

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